

Guideline for Emergency Departments, Minor Injury Units and Receiving Units where a child or young person presents under the influence of alcohol and/or drugs

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Contents

1. Introduction
2. Scope
3. Roles and Responsibilities
4. Principles and Procedures
5. Sharing of Information
6. Links to Existing Policies
7. Admission to Hospital
8. Review
9. Consultation Process
10. Monitoring
11. Impact Assessment
12. References
13. Acknowledgments and Key Contributors

Appendices

1. Process Flowchart
2. Equality Impact Assessment (EQIA)
3. Changes from previous version of guidance

1. Introduction

Adolescence is a period of significant physical, cognitive and social change, in which young people begin to develop a growing sense of their individual identity. It is now well established that increasing numbers of young people are engaging in a range of risk behaviours including the misuse of alcohol, drugs and other substances before reaching the age of 16 years. The reasons behind this behaviour vary considerably. For some young people this will be experimentation or in response to peer pressure, but for others it may occur as a result of significant issues affecting their life circumstances and well-being. Several national reports and recommendations from significant case reviews have highlighted the serious impact of alcohol/drug misuse on the health and welfare of children and young people. This applies to:

- a. Problem alcohol and/or drug misuse by children and young people under 16 years of age (or up to 18 years of age if looked after or looked after and accommodated by the local authority).
- b. Children and young people affected by parental alcohol and/or drug misuse.

The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2013 GGC summary of key findings indicates that **30% of 13 year olds** and **64% of 15 year olds** surveyed reported they **had ever drunk alcohol**, and **4% of 13 year olds** and **18% of 15 year olds** reported they **had had an alcoholic drink in the week prior to the survey**. **6% of 13 year olds** and **19% of 15 year olds** surveyed reported they **usually drink at least once a week**. **4% of 13 year olds** and **25% of 15 year olds** said they **had been drunk more than 10 times**.

In relation to drugs **2% of 13 year olds** and **10% of 15 year olds** surveyed **reported using drugs in the previous month**. **1% of 13 year olds** and **4% of 15 year olds** reported they **usually take drugs at least once a week**.

The Scottish SALSUS survey is undertaken every 3 years and the results from the 2013 report outlined above continue to indicate a downward trend when compared with the results of the 2010 report.

Alcohol and/or drug misuse is now known to feature in the sexual exploitation of young people.

“Child K-was groomed by a known sex offender via Facebook when she was 13. Around that time, she required treatment at Accident and Emergency when she was taken there in an extremely intoxicated state.”(*Para 5.33*)

(Independent Inquiry into Child Sexual Exploitation in Rotherham 2014)

2. Scope

This guideline covers the whole of NHS Greater Glasgow and Clyde Health Board area and provides a framework to help Emergency Medicine health professionals identify concerns and those intoxicated children/young people at risk, undertake a standard assessment and ensure an appropriate response. This response may include referral for a full single/multi agency needs/risk assessment or an opportunistic brief intervention with the provision of health promotion/harm reduction advice and information.

It is intended that professionals from Emergency Departments, Minor Injury Units and Receiving Units will find this document helpful when dealing with intoxicated children and young people up to 16 years old or up to 18 if looked after or looked after and accommodated by the local authority. It is also intended that this document will assist health professionals in their child protection decisions and to discharge safely with appropriate follow up.

3. Roles and Responsibilities

Professionals working with, or in contact with, children or young people and/or their families have a **duty of care** to ensure that the child's or young person's needs are considered with them in the context of their individual circumstances.

Appendix 1 provides a guideline in flowchart format for the management of children/young people presenting to Emergency Departments, Minor injury units and Receiving Units under the influence of alcohol and/or drugs.

4. Principles and Procedures

Any child of 12 years or under presenting under the influence of alcohol and/or drugs must automatically be referred to social work services and procedures followed as set out in the existing Child Protection Guidelines for NHSGGC staff working in Emergency Departments, Receiving Wards and Minor Injury Units. Parents should be advised. This may lead to a full multi agency needs/risk assessment and child protection measures as required.

For children and young people aged 13 years and over, **where there is a concern/risk** regarding alcohol and/or drug misuse and/or other circumstances, **Social Work Services should be contacted** to establish if the young person is already known to Social Work, or any another support service. **A formal referral using the shared referral form must be made at this stage**, regardless of whether the young person is or is not already known to Social Work Services, for consideration of a single/multi-agency needs/risk assessment. (See Appendix 1)

Whilst it is recognised, regardless of age that children or young people heavily under the influence of alcohol and/or drugs may not be able to engage fully with Emergency Medicine health professionals, **the Shared Referral Form** must be completed and considered in conjunction with the flowchart (Appendix 1) prior to discharge (over and above any clinical information collected to ensure adequate management/follow-up of the case). Staff should ensure that the shared referral form is sent to Social Work Services and CPU by next working day.

The child or young person should **not** be discharged until the Emergency Medicine Physician is fully satisfied that the child or young person is medically fit for discharge, the parents/guardian are involved, an immediate risk assessment has been completed and Social Work Services and/or the police contacted if indicated. Once the CPU receives a copy of the shared referral form it will be forwarded to the acute addictions office that will liaise with youth substance misuse services in the community for onward referral and follow up. Notification of actions and interventions undertaken by social work/substance misuse services will be uploaded onto clinical portal and located under correspondence section/social service letter.

An online training programme for staff is available to support implementation of these guidelines and can be accessed on Staffnet through the Learnpro application or via the link <https://nhs.learnprouk.com>

5. Sharing of Information

The child or young person's welfare is paramount and the sharing of information between agencies and between staff within agencies is crucial to help safeguard the child or young person and facilitate appropriate assessment/care management. (The Greater Glasgow and Clyde protocol for sharing information, April 2009).

If a practitioner/professional is concerned that the young person may potentially be at risk of future harm, then relevant information must be shared with appropriate agencies. Currently the School Nurse Team Lead forwards information to the relevant school nurses.

Should the young person be unable to give consent or does not consent to the sharing of information, the professional still has a duty to provide information on the above basis and to refer to Social Work Services.

As a standard of good practice to link with community services, the school nurse team lead is copied into the GP letter when the patient is discharged from the department or ward. If the patient absconds from the department the police and/or social work should be contacted as well as the parents or guardian.

6. Links to Existing Policies

This guideline should be implemented in conjunction with existing policy, procedures, ongoing research and data collection. Procedures of particular note are existing Child Protection Guidelines for NHS Staff working in Emergency Departments and MIUs, Child Sexual Exploitation Guidance for Health staff, Incident Management Policy and Management of Aggression Policy.

7. Admission to Hospital

On occasions where it is necessary to admit a child or young person to hospital as a direct consequence of intoxication or substance misuse, or through illness/injury caused as a result of intoxication/substance misuse, the assessing doctor at first point of contact should follow procedures as outlined in the guideline, including completion of the Shared Referral Form to identify support needs accessed through Clinical Portal/ E Forms/ Shared Referral Form and progressed in line with local hospital admissions policy.

Wherever possible, staff should undertake opportunistic brief interventions including appropriate health promotion/harm reduction advice together with the issue of information/education leaflets, as a minimum standard of good practice.

8. Review

This policy will be reviewed in 3 years time.

9. Consultation Process

Consultation has taken place via NHSGGC Child Protection Forum, NHSGGC Child Protection Operational Group (Acute), Child Protection Operational Group (Partnerships), and CPC Lead Officers, Heads of Social Work Services and relevant trade unions and professional organisations.

10. Monitoring

Directors of Acute Services and Health and Social Care Partnerships (HSCPs) are responsible for the monitoring of the implementation of this guideline. CPU will support this.

11. Impact Assessment

Equality and Diversity has been considered at all times during the development of this document and the appropriate Assessment Tool has been completed (Appendix 2)

12. References and Bibliography

www.scotland.gov.uk/gettingitright

Hidden Harm: Scottish executive response to the report of the inquiry by the Advisory council on the misuse of Drugs. (2004)

Hidden Harm: Next Steps Supporting Children – working with parents (2006)

Hidden Harm: the Report of an inquiry by the Advisory council on the Misuse of Drugs (2003)

Glasgow Child Protection Committee, Interagency Procedure and Practitioner Guidance: Vulnerable Children and Young People at Risk of Significant Harm (2006)

NHS Greater Glasgow and Clyde Child Protection Guidelines for NHS staff working in Accident and Emergency Departments (2014)

The Glasgow Protocol for Working with Young People who are Sexually Active (2007)

The Greater Glasgow and Clyde Protocol for Sharing Information between East Dunbartonshire Council, East Renfrewshire Council, Glasgow City Council, Inverclyde Council, Renfrewshire Council, West Dunbartonshire Council and NHS Greater Glasgow and Clyde (2009)

Glasgow Child Protection Committee, Interagency Procedure and Practitioner Guidance: Children and Young People involved in Substance Use (2009)

Alcohol Focus Scotland, (2011)

United Nations Convention on the Rights of the Child, (1991)

Getting Our Priorities Right: Updated Good Practice Guidance for all agencies and practitioners working with children, young people and families affected by problematic alcohol and/or drug use (2013)

Getting It Right for Every Child (GIRFEC, 2012)

Independent Inquiry into Child Sexual Exploitation in Rotherham 1997-2013, (2014)

The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2013, (2014)

13. Acknowledgements and Key Contributors to this Review

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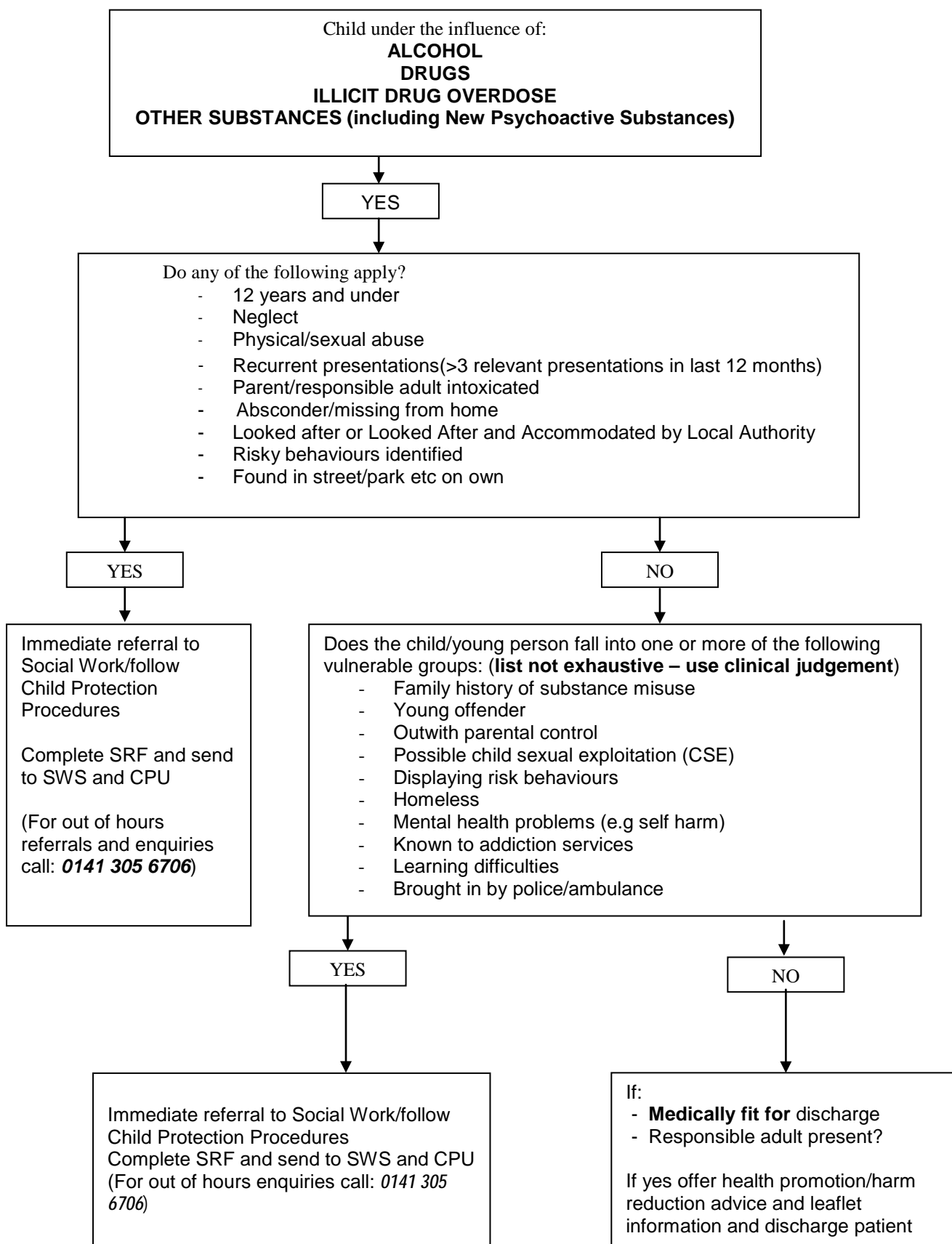
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Appendix 1

GUIDELINE FLOWCHART FOR INTOXICATED CHILD/ADOLESCENT PRESENTATION



Appendix 2

EQIA Initial Screening Tool

STEP 1
Do any of the following apply?
<p>It is already known or expected that the policy now, or in the future, impacts differently on different groups of people – NO</p> <p>The policy has been identified as a corporate priority for EQIA (in which case the lead manager will have been informed) – NO</p> <p>The policy aims to address inequalities or specific requirements of equalities legislation – NO</p> <p>The policy has a major impact on the organisation in terms of scale or significance, for example is likely to be high profile in the media or politically sensitive – NO</p>
YES to one or more – EQIA REQUIRED, Proceed to STEP 3
NO – proceed to STEP 2

Who will be affected by the Policy	In what way?	Impact	EQIA required?
Emergency Departments, Minor Injury Units and Receiving Units	Clarifies how to deal with intoxicated adolescents	Improved response to intoxicated adolescents	NO
EQIA required?			
NO			

Appendix 3

Guideline for Emergency Departments, Minor Injury Units and Receiving Units where a child or young person presents under the influence of alcohol and/or drugs

Page Number	Old version (Jan 2013- Jan 2016)	New version (June 2016 – June 2019)
Pg 2 - Contents	No. 8 – Parental Substance Misuse removed	
Pg3 – Introduction	<p>Removed :</p> <p>It is estimated that 2-3% of children under 16 years live with one or both parents who have drug problems, and it is well recognised that many of the children and young people go on to develop drug misuse practices that place them at risk of significant harm (Getting our priorities right, 2001). Furthermore a recent study estimated that 30% of children in Scotland live with one or more parents who binge drink regularly (Alcohol focus Scotland, 2011).</p>	<p>Replaced With :</p> <p>The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2013 GGC summary of key findings indicates that 30% of 13 year olds and 64% of 15 year olds surveyed reported they had ever drunk alcohol, and 4% of 13 year olds and 18% of 15 year olds reported they had had an alcoholic drink in the week prior to the survey. 6% of 13 year olds and 19% of 15 year olds surveyed reported they usually drink at least once a week. 4% of 13 year olds and 25% of 15 year olds said they had been drunk more than 10 times.</p> <p>In relation to drugs 2% of 13 year olds and 10% of 15 year olds surveyed reported using drugs in the previous month. 1% of 13 year olds and 4% of 15 year olds reported they usually take drugs at least once a week.</p> <p>The Scottish SALSUS survey is undertaken every 3 years and the results from the 2013 report outlined above continue to indicate a downward trend when compared with the results of the 2010 report.</p> <p>Alcohol and/or drug misuse is now known to feature in the sexual exploitation of young people.</p> <p>“Child K-was groomed by a known sex offender via Facebook when she was 13. Around that time, she required treatment at Accident and Emergency when she was taken there in an extremely intoxicated state.”(Para 5.33)</p> <p><i>(Independent Inquiry into Child Sexual Exploitation in Rotherham 2014</i></p>
Pg 3 – Roles and Responsibilities (Pg 4 new guidance)	Professionals working with, or in contact with, children or young people and/or their families have a duty of care to ensure that the child's or young person's needs in regard of protection and their health / emotional well being are considered with them in the context of their individual circumstances.	Professionals working with, or in contact with, children or young people and/or their families have a duty of care to ensure that the child's or young person's needs are considered with them in the context of their individual circumstances.

Pg 4 – Principles & Procedures	For children and young people aged 13 years and over, where there is a concern/risk regarding alcohol and/or drug misuse or other circumstances (see appendix 2 flow chart), Social Work Services should be contacted to establish if the young person is already known to Social Work, or any another support service. A formal referral using the shared referral form should be made at this stage , regardless of whether the young person is or is not already known to Social Work Services, for consideration of a single/multi-agency needs/risk assessment.	Any child of 12 years or under presenting under the influence of alcohol and/or drugs must automatically be referred to social work services and procedures followed as set out in the existing Child Protection Guidelines for NHS GGC staff working in Emergency Departments, Receiving Wards and Minor Injury Units. Parents should be advised. This may lead to a full multi agency needs/risk assessment and child protection measures as required.
	In conjunction with the referral to Social Work, where there is a concern regarding alcohol and/or drug misuse, a copy of the shared referral form should be copied to Youth Substance Misuse Services . Youth substance misuse services will assess the child/young person's alcohol and/or drug use to determine the level of support/intervention required.	Removed
		Added – For children and young people aged 13 years and over, where there is a concern/risk regarding alcohol and/or drug misuse and/or other circumstances, Social Work Services should be contacted to establish if the young person is already known to Social Work, or any another support service. A formal referral using the shared referral form must be made at this stage , regardless of whether the young person is or is not already known to Social Work Services, for consideration of a single/multi-agency needs/risk assessment. (See Appendix 1)
	Whilst it is recognised, regardless of age that children or young people heavily under the influence of alcohol and/or drugs may not be able to engage fully with Emergency Medicine health professionals, the Shared Referral Form should be completed and considered in conjunction with the process flowchart (Appendix 1) prior to discharge (over and above any clinical information collected to ensure adequate management/follow-up of the case).	Whilst it is recognised, regardless of age that children or young people heavily under the influence of alcohol and/or drugs may not be able to engage fully with Emergency Medicine health professionals, the Shared Referral Form must be completed and considered in conjunction with the flowchart (Appendix 1) prior to discharge (over and above any clinical information collected to ensure adequate management/follow-up of the case). Staff should ensure that the shared referral form is sent to Social Work Services and CPU by next working day.
	Onward referral to other agencies can be directed through the co-ordinating contact details as per the process flowchart (Appendix 1).	Removed
		Added – Once the CPU receives a copy of the shared referral form it will be forwarded to the acute addictions office that will liaise with youth substance misuse services in the community for onward referral and follow up. Notification of actions and interventions undertaken by social work/substance misuse services will be uploaded onto clinical portal and located under correspondence section/social service letter.
	An online training programme for staff has been developed to support the implementation of these guidelines and can be accessed on Staffnet through the Learnpro application or via the link https://nhs.learnprouk.com	An online training programme for staff is available to support implementation of these guidelines and can be accessed on Staffnet through the Learnpro application or via the link https://nhs.learnprouk.com
Pg 4 – Sharing of Information (Pg 5 new)	If a practitioner/professional is concerned that the young person may potentially be at risk of future harm, then relevant information should be shared with appropriate	If a practitioner/professional is concerned that the young person may potentially be at risk of future harm, then relevant information must be shared with appropriate

guidance)	agencies to enable a single/multi agency risk assessment. (The Greater Glasgow and Clyde protocol for sharing information, April 2009)	agencies. Currently the School Nurse Team Lead forwards information to the relevant school nurses.
	Should the young person be unable to give consent or does not consent to the sharing of information, the professional still has a duty to provide information on the above basis and to refer to Social Work Services, Youth Substance Misuse Services and/or police. (The Greater Glasgow and Clyde protocol for sharing information, April 2009)	Should the young person be unable to give consent or does not consent to the sharing of information, the professional still has a duty to provide information on the above basis and to refer to Social Work Services.
Pg 5 – Links to Existing Policies	This guideline does not sit in isolation and should be carried out in conjunction with existing policy, procedures, ongoing research and data collection. Procedures of particular note are existing Child Protection Guidelines for NHS Staff working in Emergency Departments, and local Interagency Procedure and Practitioner Guidance for Vulnerable Children and Young People at Risk of Significant Harm.	This guideline should be implemented in conjunction with existing policy, procedures, ongoing research and data collection. Procedures of particular note are existing Child Protection Guidelines for NHS Staff working in Emergency Departments and MIUs, Child Sexual Exploitation Guidance for Health staff, Incident Management Policy and Management of Aggression Policy.
Pg 5 – Admission to Hospital	On occasions where it is necessary to admit a child or young person to hospital as a direct consequence of intoxication or substance misuse, or through illness/injury caused as a result of intoxication/substance misuse, ward staff should follow procedures as outlined in the guideline, including completion of the Shared Referral Form (CPU website – Staffnet, Corporate Services, Child Protection Unit, electronic template forms) to identify support needs.	On occasions where it is necessary to admit a child or young person to hospital as a direct consequence of intoxication or substance misuse, or through illness/injury caused as a result of intoxication/substance misuse, the assessing doctor at first point of contact should follow procedures as outlined in the guideline, including completion of the Shared Referral Form to identify support needs accessed through Clinical Portal/ E Forms/ Shared Referral Form and progressed in line with local hospital admissions policy.
Pg5 – Parental Substance Misuse	All professionals have a responsibility to protect and safeguard the welfare and safety of children affected by parental substance misuse. If an adult who is under the influence of alcohol and/or drugs presents to an Emergency Department or Minor Injury Unit accompanied by a child under 12 years, or where an intoxicated young person presents and the parent/responsible adult reporting to collect and take charge of the young person is also under the influence of alcohol and/or drugs then the NHS Child Protection Guidelines for Emergency Departments should be applied.	Removed
Pg 6 – Consultation Process	Consultation has taken place via NHSGGC Child Protection Forum, NHSGGC Child Protection Operational Group (Acute), child Protection Operational Group (Partnerships), CPC Lead Officers and Heads of Social Work Services.	Consultation has taken place via NHSGGC Child Protection Forum, NHSGGC Child Protection Operational Group (Acute), Child Protection Operational Group (Partnerships), and CPC Lead Officers, Heads of Social Work Services and relevant trade unions and professional organisations.
Pg 6 – References and Bibliography		Added – www.scotland.gov.uk/gettingitright
	Removed – Getting Our Priorities Right: Good Practice Guidance for Working with Children and Families affected by Substance Misuse (2001)	Added – Getting Our Priorities Right: Updated Good Practice Guidance for all agencies and practitioners working with children, young people and families affected by problematic alcohol and/or drug use (2013)
	Removed – Scottish Government Consultation, Getting Our Priorities Right, 2012	Added – Getting It Right for Every Child (GIRFEC, 2012)
		Added –

		Independent Inquiry into Child Sexual Exploitation in Rotherham 1997-2013, (2014)
		Added – The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2013, (2014)
Pg 8 – appendix 1 - Flowchart		Revised
Pg 7 – Acknowledgements & Key contributors	Jean Herbison, Clinical Director, Child Protection Unit, NHS GGC Melanie Hutton, Emergency Department Nurse Manager, RHSC Barbara McMenemy, Acute Addiction Manager, NHS GGC Fiona Miller, Child Protection Advisor, CPU Marie Valente, Head of Child Protection Development, CPU Joyce Brown, Head of Nursing, Emergency Care, GG&C Iain Young, Consultant ED, RAH Alastair Ireland, Clinical Director, ECMS	Claire Fitzpatrick, Consultant, ECMS, GR Irene McGugan, Practice Development Nurse, ECMS, RHC Gerry McLaughlin, Senior Charge Nurse, ECMS, RAH Barbara McMenemy, Acute Addiction Manager, NHS GGC Joanne Stirling, Consultant Paediatrician, RHC Marie Valente, Head of Child Protection Development, CPU, NHSGGC Iain Young, Consultant ECMS, RAH